

HIV-1 Genotyping Test Requisition

Michigan Department of Community Health, Bureau of Laboratories

3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48906

[HTTP://www.Michigan.gov/mdchlab](http://www.Michigan.gov/mdchlab)

Phone: 517-335-8059 (Laboratory Records) 517-335-8067 (Technical Information) Fax: 517-335-9871

Date Received @ MDCH	MDCH Sample # For GENOTYPING
Date Received @ MDCH (If different from above)	MDCH Sample # For VIRAL LOAD

DATE COLLECTED										TIME COLLECTED									
1	M	M	D	D	Y	Y	Y	Y	2							• AM	• PM		

PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL or UNIQUE IDENTIFIER)																	
3																	

SUBMITTER'S PATIENT NUMBER - IF APPLICABLE																	
4																	

PATIENT'S CITY OF RESIDENCE																	
5																	

GENDER				RACE														
6	• Female	• Male	7	• Black	• White	• Multiracial	• American Indian	• Asian/Pacific Islander	• Unknown									

ANCESTRY				SOCIAL SECURITY NUMBER													
8	• Hispanic	• Non-Hispanic	• Unknown	9													

DATE OF BIRTH										MEDICAID PROVIDER NUMBER							
10	M	M	D	D	Y	Y	Y	Y	11 - If Applicable								

ADAP NUMBER																	
12																	

AGENCY/SUBMITTER INFORMATION																		
13	ENTER EPIC CODE IF KNOWN >>>>>																	

13	Return Results To:																

14	CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER:																
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AGENCY/SUBMITTER PHONE										FAX							
15										16							

MANAGED CARE PLAN - IF APPLICABLE																	
17																	

MISCELLANEOUS																	
18																	

INSTRUCTIONS FOR COLLECTION AND SUBMISSION OF SPECIMENS

FOR HIV-1 GENOTYPING

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTE: HIV-1 genotyping is limited to use for patients infected with HIV-1, subtype B with a detectable viral load greater than 1000 copies/ml. The only patients for whom HIV-1 genotyping will be performed are those with evidence of either a first regimen failure, multiple regimen failures, or in pregnancy. A viral load test will be performed on all specimens submitted for genotyping. Genotyping will not be performed if the viral load is less than 1000 copies/ml.

SPECIMENS MUST BE LABELED WITH THE SAME NAME/UNIQUE IDENTIFIER AS SUPPLIED ON THE TEST REQUISITION

Genotyping “Plasma” Specimen Collection

1. Perform venipuncture using both 2.5 mL tubes provided in the specimen collection unit.
2. Within **two hours** of collection, centrifuge tubes and transfer plasma to the polypropylene tubes provided (primary receptacle).
3. Freeze specimen @ - 20 degrees centigrade immediately.
4. Ship frozen specimens, **packed on dry ice**, to arrive during normal operating hours as stated below.
5. Wrap tubes in absorbent material provided and enclosed in plastic bag provided, place into aluminum/plastic screw-capped can (primary container) and secure cap with tape.
6. Wrap test requisition around the aluminum/plastic can and place into secondary container provided.
7. Tape all seams on corrugated box.
8. Place corrugated box into Styrofoam insulated overpack box and add dry ice. Seal box for shipment.
9. Attach all appropriate labels to the overpack box, i.e., express mail label, express mail stamp, diagnostic specimen label and miscellaneous dangerous goods labels provided.
10. Ship by the fastest means available means, i.e., courier, or U.S. Express Mail.

The shipper is responsible for being sure that their package is in compliance with current regulations.

Specimens must be received during normal operating hours of 7:00 A.M.-3:00 P.M. Monday through Thursday to ensure timely processing.